Navigating Market Access with Magnolia

A Blueprint for Patient Support: Tailored Approaches That Deliver Precision

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Today's Moderators and Speakers

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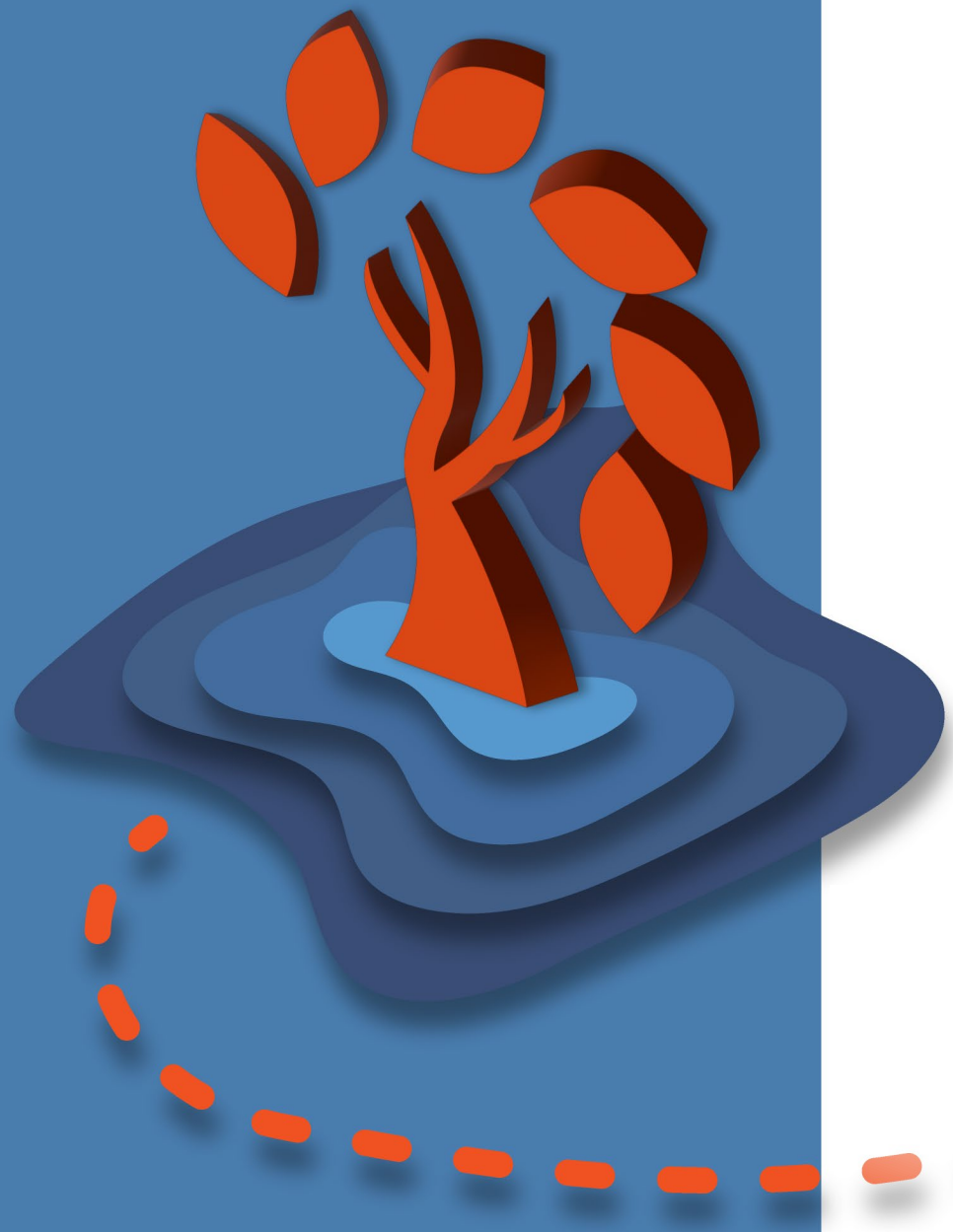

Agenda

1. Why Forecasting Matters Now
2. Patient Support Services Model Framework
3. Case Study
4. Questions

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Learning Objectives

- Explain why patient support program forecasting is important and how policy and environmental shifts may affect patient support programs
- Describe the components of a foundational model for patient support services and identify where customization can be applied, and why it adds value
- Showcase a real-world case study to connect model design choices to patient and program outcomes

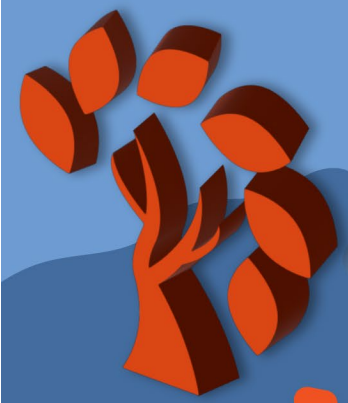
What is/would be your biggest concern about implementing or expanding a patient support program?

Interactive Question

- **A** Costs
- **B** Service Design
- **C** Patient/HCP Engagement
- **D** Operational Complexity

Why Forecasting Matters Now

Planning for PAP and copay support is increasingly important



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Patient Support Forecasting is an Access and Budget Imperative

Why it Matters

- Patient support programs represent a significant, ongoing investment across the product lifecycle.
- Design choices, health policy, and other environmental factors can influence who gets supported, services offered, how quickly therapy starts, and total program spend.
- Forecasting improves resource allocation (budget, staffing, capacity) and reduces surprises.

What Forecasting Enables

- Test “what-if” scenarios (policy shifts, payer behavior, enrollment changes) before they happen.
- Quantify tradeoffs across equity, affordability, and financial exposure.
- Align cross-functional teams (finance, patient services, access) on one set of assumptions.

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Policy and Industry Shifts Reshaping Patient Support

Benefit Design and UM

- Higher deductibles/coinsurance and changing out-of-pocket (OOP) dynamics
- Prior authorization and step edits can delay time to therapy
- Channel and formulary changes alter pull-through
- IRA LIS change increases number of fully insured

Copay Accumulators, Maximizers, and Alternate Funding Programs

- Copay assistance may not count toward patient deductible/OOP
- Support utilization can shift in timing and magnitude
- Program rules may need payer-specific guardrails
- Ongoing legislation, lawsuits, and regulatory factors may affect future offerings

New Pathways and Policies

- Availability of direct-to-consumer programs and discount channels may alter patient needs
- Public policy uncertainty can drive changes in services offered
- State-level upper payment limits may restrict access
- Nonrenewal of enhanced ACA tax credits, Medicaid work requirements, and reauthorization may increase number of uninsured

ACA, Affordable Care Act; IRA, Inflation Reduction Act; LIS, low-income subsidy; OOP, out-of-pocket.

How Shifts Affect Patient Support Programs

Eligibility Triage	Services Offered	Affordability	Time to Therapy	Operations and Budget
				
FPL thresholds coverage rules	PAP, copay, bridge, quick start	OOP exposure by channel	Delays from UM and enrollment	Capacity, cost, forecast accuracy

FPL, federal poverty level; PAP, patient assistance program; UM, utilization management.

Who Benefits from Patient Support Forecasting

Manufacturer Teams

- Finance and forecasting
- Patient services/Hub operations
- Market access, HEOR, and brand leadership

Program Partners

- Copay foundations
- Specialty pharmacy + Hub partners
- Independent charitable organizations

Patient and Care Teams

- Patients facing affordability gaps
- Providers + clinic staff navigating access friction
- Patient advocacy organizations

HEOR, health economics and outcomes research.

Which policy or environmental factor do you believe has the biggest influence on a patient support program design?

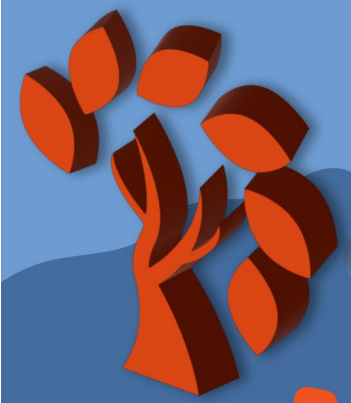
Interactive Question

- **A** Accumulator/ Maximizer programs
- **B** Decreases in Medicaid and ACA enrollment
- **C** Federal pricing reform
- **D** Greater use of DTC/fewer drugs on formulary

ACA, Affordable Care Act; DTC, direct to consumer.

Patient Support Services Model Framework

Foundational components and where customization adds value



PAP, patient assistance program.

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What is a Patient Support Services Model?

A data-driven tool that forecasts how changes in patient needs, payer coverage, benefit design, and program rules affect enrollment, utilization, cost, and overall effectiveness of manufacturer-sponsored support programs.

Repeatable Budget Simulation Framework

Think of it as a simulator—not just "back-of-the-envelope" budgeting—transparent assumptions + repeatable logic

A Simulator That Answers "What-If" Questions

Answers "what-if" questions to quantify tradeoffs across access, affordability, and spend

Decision Support: Prelaunch Through Policy Shifts

Supports prelaunch design, annual planning, and rapid response to policy and/or payer shifts

A Configurable Forecasting and Scenario Tool

What it is

- **Strategic model** built to increase impact and efficiency of patient support services (not just program liabilities)
- **Quantification** of how design choices (copay max, PAP thresholds, bridge duration) and external forces (payer mix, UM, health policy) shape utilization and cost over time
- **Transparent and editable program design** that allows cross-functional teams to adapt quickly

Where it fits

- **Prelaunch:** Define program parameters aligned to payer + benefit reality
- **Annual planning:** Forecast demand and budget by program and payer segment
- **In-year:** Stress test policy/payer scenarios and rapidly re-baseline forecasts

PAP, patient assistance program; UM, utilization management.

Foundational Architecture

Inputs

- Payer mix
- Patient counts
- Product + price
- Services offered
- Benefit design
- Competitive benchmarking
- Operational costs

Modular Logic

- Eligibility
- Program selection
- Utilization/Participation rates
- Timing assumptions
- Scenario toggles

Outputs

- Enrollment and utilization
- Cost per patient
- Total program spend
- Budget impact

Core Inputs: Defining Program Structure and Resource Needs

Data Points and Inputs

Patient population

- Number of patients in US by disease category
- Percentage of patients expected to be on therapy
- Percentage of patients expected to be on therapy that will go through the hub
- Percentage of treated patients by therapy within the competitive landscape

Insurance benefit design (Medical/Pharmacy)
Out-of-pocket costs (eg, coinsurance, deductible)

Product information (eg, dosing schedule, units per treatment)

Program administration costs (hub and specialty pharmacy)

Payer mix per disease category

Product cost per treatment and by dose/strength

Patient income requirements

IRA and ACA changes

Analysis and Output

Excel-based model

Forecast 3 years

Multiple output scenarios (eg, per disease category, financial parameters)

ACA, Affordable Care Act; IRA, Inflation Reduction Act.

Program Components Modeled

Patient Assistance Program (PAP)

Free/discounted drug for uninsured or underinsured patients

Copay Assistance

Support for commercially insured patients facing OOP burden

Bridge/ Quick Start

Temporary free drug while coverage is established (eg, PA/appeals)

Independent Foundation Support

Third-party charitable foundation assistance for eligible patients (typically Medicare or underinsured)

Specialty pharmacy/ Hub Operations

- Dispensing, admin fees, operational capacity planning
- Identification/enrollment into LIS
- Diagnostic testing support

Other modules (model expansion opportunities)

- Travel assistance
- DTC programs
- Policy-specific toggles
- Caregiver aid

DTC, direct to consumer; LIS, low-income subsidy; OOP, out-of-pocket; PA, prior authorization.

Customization Across Key Model Inputs

Customization Levers

- Eligibility rules (eg, FPL thresholds)
- Competitive benchmarking insights (market norms, competitor program design)
- Copay parameters (eg, max benefit, copay per prescription)
- Bridge/quick start duration
- Patient journey assumptions (routing, time-to-enroll, dropout)
- Policy toggles (payer mix shifts, benefit design changes)

Planning Implications

- Budget precision: see cost impact before launching changes
- Access discipline: target support to patients most likely to need it
- Scenario resilience: stress-test best/worst cases and align decision-makers
- Operational readiness: anticipate volume and capacity needs by channel

FPL, federal poverty level.

Outputs: Decision-Ready Insights for Planning

Demand and Utilization

- Enrollment by program
- Utilization by payer/channel
- Timing by month/quarter
- Sensitivity ranges

Financial Impact

- Per-patient cost
- Total program spend
- Budget impact vs baseline

Patient Impact (Modeled)

- Affordability exposure
- Time-to-therapy proxies
- Eligibility routing outcomes

How It's Sliced

- By program (copay/PAP/bridge)
- By time period
- By scenario

PAP, patient assistance program.

Key Considerations in Financial Forecasting

- How will patient eligibility in PAP be affected by raising or lowering financial limits (eg, percentage of FPL)?
- How do changes in the duration of assistance provided by the Bridge program affect program costs and enrollment?
- How will changes in the payer mix and/or changes in patient insurance impact PAP programs?
- What is the optimal number of fills/appeals for the Quick Start program?
- What is the optimal benefit maximum for the commercial copay program based on the average out-of-pocket costs per patient?
- How will legislative changes (eg, Part D redesign changes) affect patient cost-sharing and subsequent enrollment in PAPs?
- What is the financial impact of different copayment requirements (eg, $0, $5, $10) on copay assistance programs?
- What is the ideal timing to distribute program funding throughout the year?
- Considering Part D redesign, how much should our company donate to charitable foundations to support Medicare patients who are not qualified for PAP support?

PAP, patient assistance program; FPL, federal poverty level.

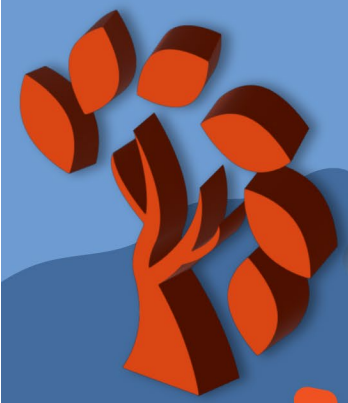
Interactive Question

Which input is/would be the most difficult for your organization to forecast accurately today?

- **A** Patient volume and therapy uptake
- **B** Program participation/ utilization
- **C** Payer mix and coverage dynamics
- **D** Operational and administrative costs

Case Study

Connecting program design choices to outcomes



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Case Study: Benchmarking PAP Strategy for Competitive Market Entry

PROBLEM

The Client, a mid-sized pharmaceutical company, was preparing to launch a copay program in a category with 3 established competitors.

They needed to understand

- What assistance level would be viewed as competitive at launch
- How eligibility criteria and annual cap choices would affect budget exposure

METHODOLOGY

MMA benchmarked 3 competitor programs on

- **financial criteria**
- **annual cap design**
- **channel/enrollment approach**

MMA then modeled 3 client options (conservative, parity, and aggressive) to forecast participation, claims, and gross program spend.

OUTCOME

- **Sized the launch budget range under each option**
- **Identified the enhanced access design as optimal, requiring only modest incremental investment to provide more comprehensive patient coverage**
- **Gave the team a clear benchmark for launch planning**

Copay Program	FPL	Cap	Total Costs (Over 3 years)
Baseline	400%	$2000	$70M
Competitive Parity	No Limit	$2000	$153M
Enhanced Access	No Limit	$3000	$155M

Recommended enhanced access
No limit and $2k annual cap

Why it mattered

- Set a market-credible launch position
- Quantified budget guardrails before launch
- Aligned access strategy with finance assumptions

Example has been blinded

FPL, federal poverty level; MMA, Magnolia Market Access; PAP, patient assistance program.

Competitive Benchmark Set the Launch Threshold

Market Benchmark

Copay Program	FPL	Cap	Strategic Signal
Baseline	400%	$2000	Controls spend but offers the weakest access signal
Competitive Parity	No Limit	$2000	Defines the market midpoint / parity benchmark
Enhanced Access	No Limit	$4000	Strongest access promise with highest exposure

Client design options modeled

Option A | Baseline

- 400% FPL/$2K annual cap
- Below benchmark midpoint; budget-protective
- Risk: may under-index on early uptake

Option B | Competitive Parity

- No limit/$2K annual cap
- Matches midpoint competitor benchmark
- Best balance of access and financial sustainability

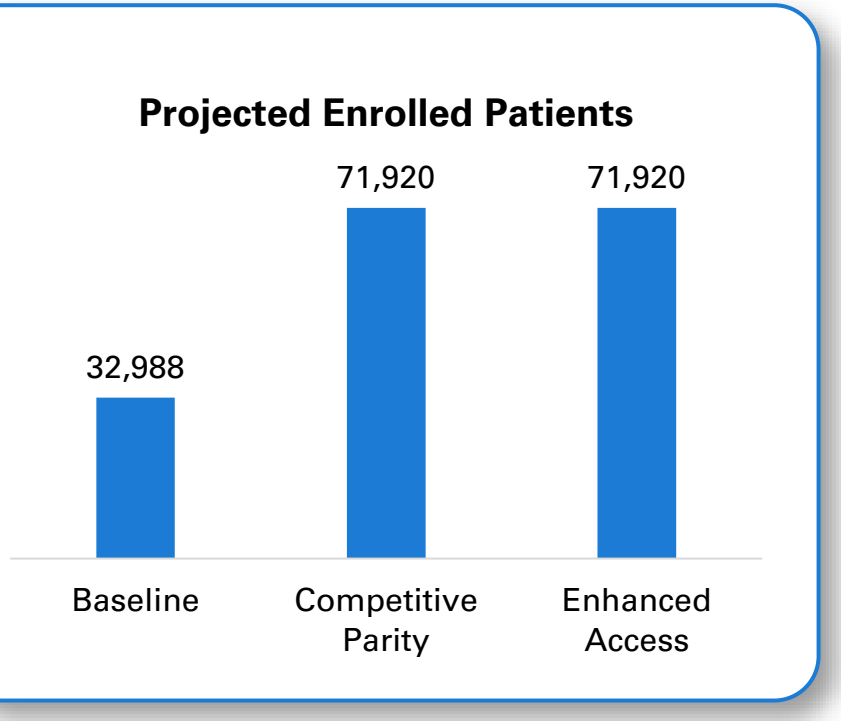
Option C | Enhanced Access

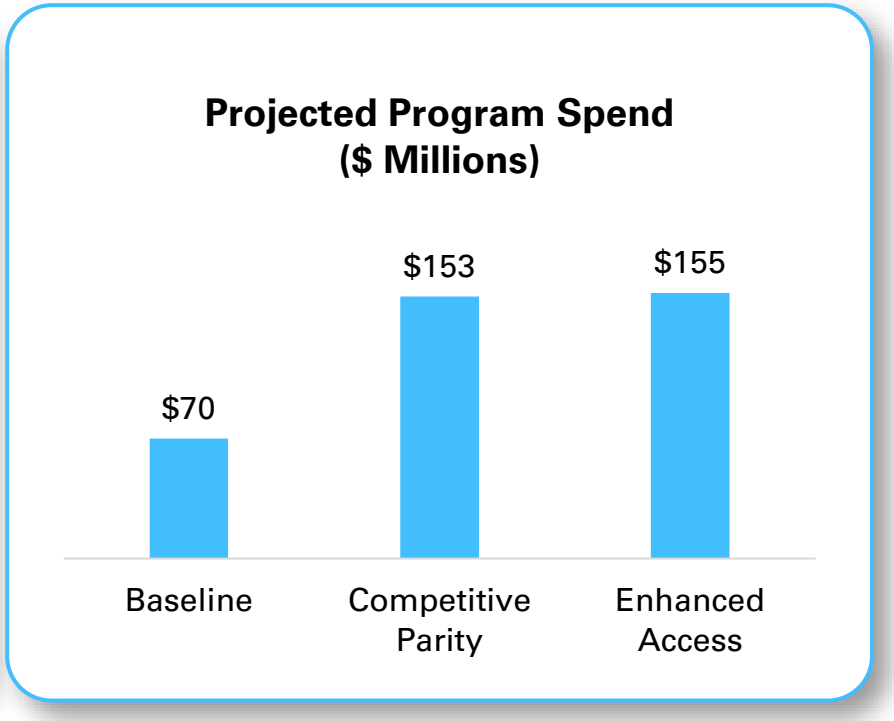
- No Limit/$4K annual cap
- Most differentiated access position
- Highest financial exposure and downside risk

The competitor established the "price of entry," and the enhanced access option provides a credible launch position, with only modest incremental investment required to deliver more complete patient coverage

FPL, federal poverty level.

Forecasting Quantified the Access vs Spend Trade-Off





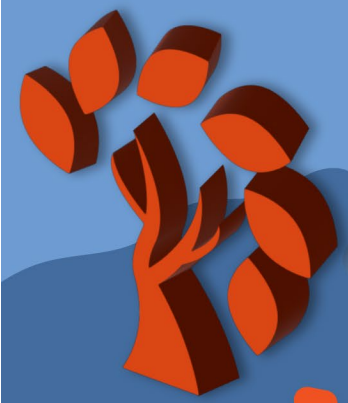
What the Model Showed

- Enhanced access aligns with market benchmarks and supports competitive positioning at launch
- Aggressive design increases spend by only ≈$2M, but doubles the per-patient benefit (from $2K to $4K), providing more comprehensive coverage
- Conservative design protected the budget but risked launching below the market standard

Recommendation: Launch at enhanced access design and revisit after early readout.

Enhanced access achieves market-aligned coverage; expanding to a $4K cap requires only a modest incremental investment (≈$2M), strengthening patient support with minimal impact to overall spend

Other Considerations/ Key Takeaways



Additional Applications of Patient Support Services Modeling

Part D Redesign/ OOP Cap	Shift in timing of patient liability and plan responsibility; increased LIS enrollment with minimal cost sharing; support need/mix may change.
Accumulator/ Maximizer Exposure	Copay dollars may not reduce patient OOP; utilization timing and persistence can shift.
Coverage Churn/ Payer Mix Change	Patients move across segments, changing demand and support services eligibility.
Enrollment Activation Campaign	Higher participation improves access, but will increase program spend.
Incorporation of AI	Emerging use cases for enhanced patient experience, improved analytics and reporting

LIS, low-income subsidy; OOP, out-of-pocket; PAP, patient assistance program.

Key Takeaways

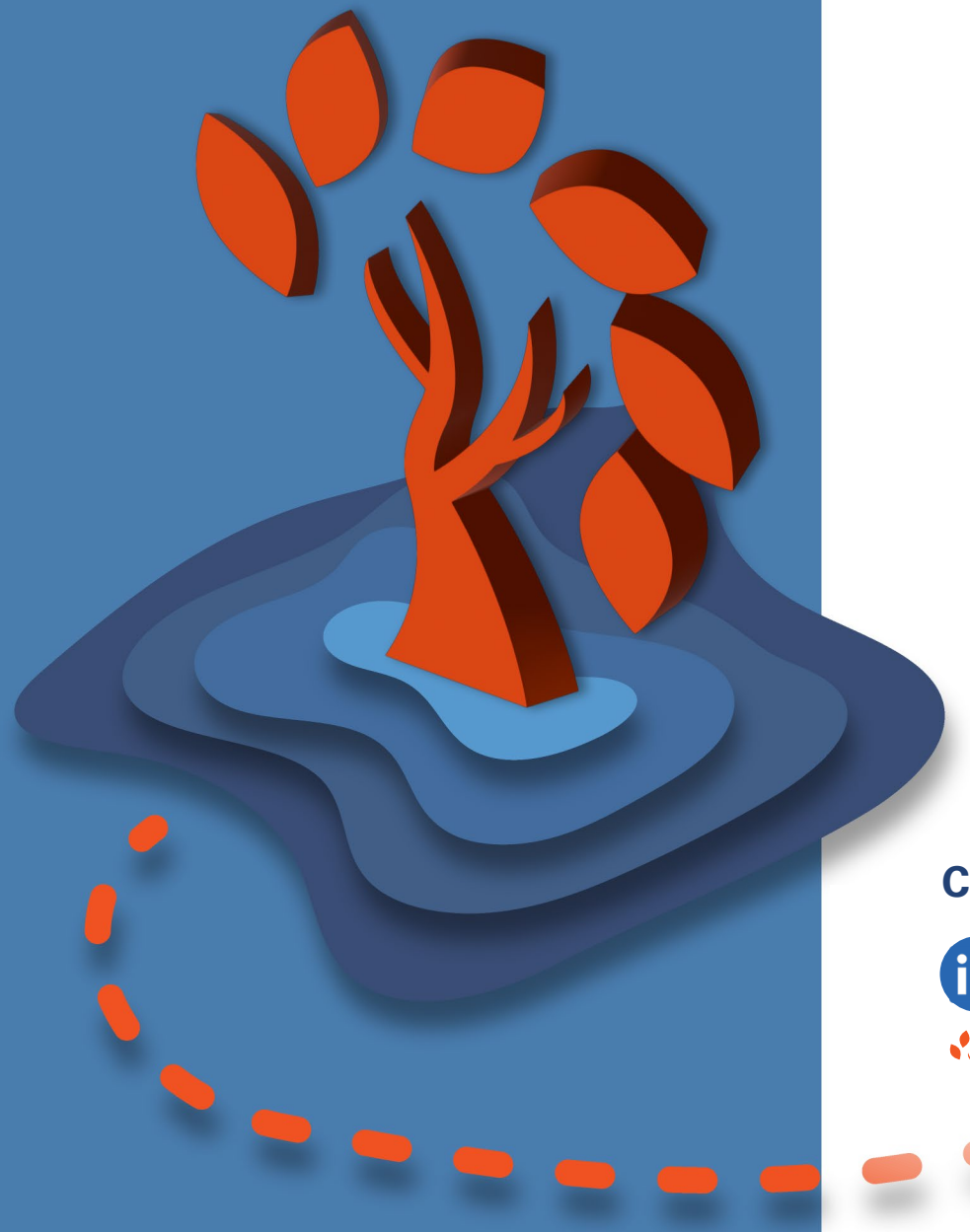
Forecast Proactively. Model Strategically. Decide with Confidence.

Forecasting is essential as policy, payer mix, and benefit designs shift—support demand will not stay static.

A foundational, modular model links program levers to financial exposure and patient outcomes.

Customization turns the model into a scenario tool for real decisions: budgets, eligibility, and program mix.

Case studies help connect design choices to measurable outcomes (cost, enrollment, time-to-therapy proxies).



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Mid-Year Policy Update

Thursday, July 23, 2026

12:00 – 1:00 PM Eastern

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